

# A Study on the Knowledge and Practices of Menstrual Hygiene and Reproductive Morbidity among Young Women in and around Jammu Region

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**Abstract:** *Menstruation is defined as the periodic blood flow that flows as discharge from the uterus. Menstruation is a landmark feature of female puberty and signals reproductive maturity. Menstruation has always been associated with pollution, so it is a clear sign of dirt that needs to be hidden and controlled. Taboos surrounding menstruation exclude women and girls from many aspects of social and cultural life. Menstruating women remain under the veil of social pressures. Although menstruation is a natural process, it is linked with several misconceptions and practices, which sometimes result into adverse health outcomes. Menstrual practices are clouded by taboos and social cultural restrictions even today, resulting in adolescents remaining ignorant of the scientific facts and hygienic health practices, necessary for maintaining positive reproductive health. The entire reproductive process extends from menarche to menopause; the intervening periods are marriage, pregnancy, childbirth and contraception. A large number of adolescent girls in India are out of school, get married early and work in vulnerable situations. Therefore, increased knowledge about menstruation right from childhood may escalate safe practices and may help in mitigating the suffering of millions of women.*

**Keywords:** Adolescence, Menarche, Menstrual hygiene, practices, etc

## 1. Introduction

The term adolescence comes from Latin word meaning "to grow to maturity". WHO has defined adolescence as a period between 10-19 years. This is the period of transition from childhood to adulthood which are formative years when maximum amount of physical, psychological and behavioral changes take place. For statistical purposes this period is further divided into 'Early adolescence' aged 10-14 years and 'Late adolescence' aged 15-19 years. However the period of adolescence vary widely depending on the tradition, culture and social factors within each society. Adolescent girls constitute about 1/5th of total female population in the world. A large number of adolescents are out of school, get married early, work in vulnerable situations, are sexually active and are exposed to peer pressure. These factors have serious economic and public health implications. The girls constitute a more vulnerable group especially in the developing countries where they are traditionally married at an early age and are exposed to greater risk of reproductive morbidity and mortality. (Ramya, Reddy, 2016).

The menstrual period is a physiological process that occurs throughout the reproductive years of every woman. This process is associated with various mental as well as physical morbidities like premenstrual syndrome. Menstruation can also predispose women to life threatening RTI (Reproductive Tract Infection) if hygiene is not maintained throughout menstruation. (Mitra, et. al. 2015).

Menstruation is a social stigma. Unlike other social stigma, menstruation is an implicit rather than a visible stigma because women do a great effort to conceal it. The men-folk remain unaware of the problems that are associated with it.

Women are the propagators of their own subjugation. They push men away from the truth of this biological process and surround it with all secrecy and confinement among themselves. The communication of taboos and secrecy relating to menstruation always remain with the mother, daughter and other members of the menstruating community. (Gogoi, 2019)

Menstruation is basically viewed through the lens of culture, so the biological context of it is overlooked. Until and unless these lenses are taken off, the female folk will have to suffer, as issues like hygiene and sanitary pad disposal won't be taken up effectively owing to the backdrop of shames and taboos associated with the phenomenon of menstruation. It has also been seen that taboos and restrictions in many societies form the markers to maintain the purity of woman. The extreme patriarchal system will not allow woman to come out of their shells that they have created through century old taboos and restrictions. (Gogoi, 2019).

A menstruating woman is subjected to several practices which act like restrictions on activities she performs regularly opposed to the time she is on periods. These restrictions find their place starting from the home to the society outside. In terms of restrictions defining a menstruating woman's activities at home, she is prohibited from entering into the kitchen, cooking food, touching pickle, touching utensils, etc. As Douglas has remarked "Pollution lingers in cotton cloth, cooking vessels, and cooked food", the women are supposed to avoid physical contact with these elements to avoid polluting them with their own touch. Further, women are supposed to avoid offering prayers or perform any religious task during the menstrual period. Their presence in religious activities is seen as a source of pollution which acts as a threat to the

sacredness of the task and the place. Carrying these prohibitions to another level, the society lays restriction on women entering the religious places while they are on their periods. (Douglas, 1966)

Menstruation is a natural physiological process that requires proper management. Unlike other normal bodily processes, menstruation is linked with religious and cultural meanings that can affect the perceptions of young girls as well as the ways in which the adults in the communities around them respond to their needs. (Mouli, Patel, 2017).

Menstruation is regarded as an important factor for psychological stress among adolescent girls because it may be very upsetting event for some girls who are not prepared for it. The result shows this fact also, those girls who are not given prior information before its onset do suffer from psychological stress, for example, they complained to suffer from discomfort, disgust and are even scared to see blood flow for the first time. This problem if not looked into in time may create further health problems to the young girls. It is therefore, necessary to give young girls the knowledge and information about menstruation prior to menarche (Sunitibala Devi, 2014).

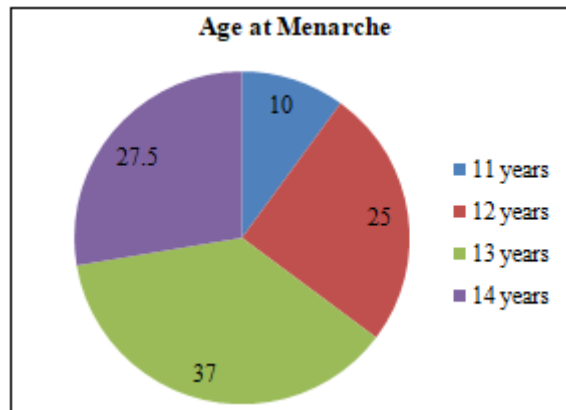
### 2. Methodology

The proposed study was conducted among 120 late adolescents' female domestic workers of the Jammu District. The respondents for the present study have been identified through purposive and snowball sampling. The data has been collected from both primary and secondary sources. For secondary sources besides books, journals, articles and reports, other documents in the form of any archival material and written stories will be consulted. For collecting primary data, field work has been conducted in the area of study by using qualitative and quantitative methods. The interview schedule designed for the present study has been used to record the first hand information given by the respondents it consists of closed-ended questions regarding respondents name, age, caste, living conditions, working conditions and socio-cultural aspects. Observation is a deliberate study through the sight and may be used as one of the methods for scrutinizing collective behaviour and complex social institutions as well as the separate units comprising of totality. It has been used to study the living conditions of the young domestic workers.

### 3. Results

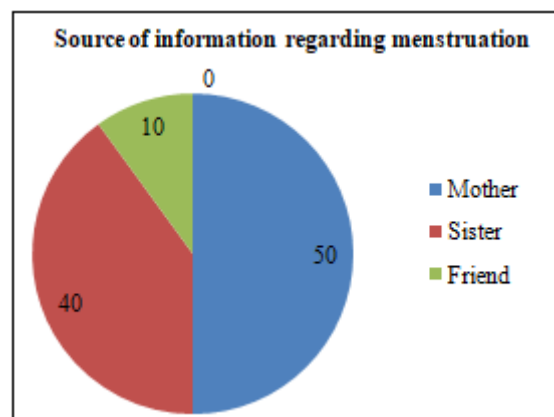
**Table 1:** Distribution of respondents on the basis of age at menarche

Age of onset of menstruation (Age at menarche)	No. of Respondents	Percentage
11	12	10
12	30	25
13	45	37.5
14	33	27.5
<b>Total</b>	<b>120</b>	<b>100</b>



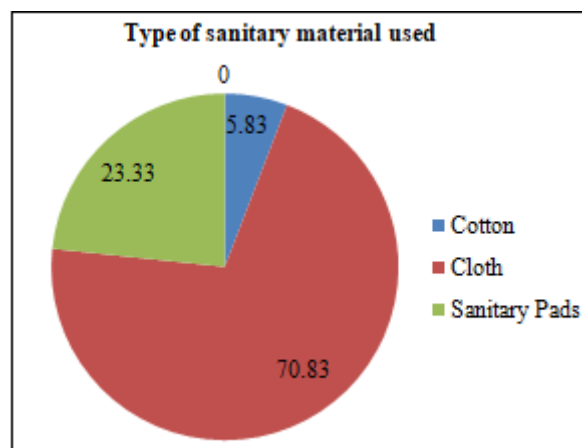
**Table 2:** Distribution of respondents on the basis of source of information regarding Menstruation

Primary source of information regarding Menstruation	No. of Respondents	Percentage
Mother	60	50
Sister	48	40
Friend	12	10
Teacher	-	-
<b>Total</b>	<b>120</b>	<b>100</b>



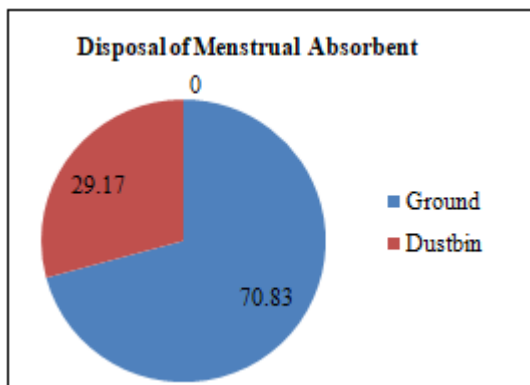
**Table 3:** Distribution of respondents on the basis of use of sanitary protection material during menstruation

Type of Sanitary protection Material	No. of Respondents	Percentage
Cotton	07	5.83
Cloth	85	70.83
Sanitary Pads	28	23.33
<b>Total</b>	<b>120</b>	<b>100</b>



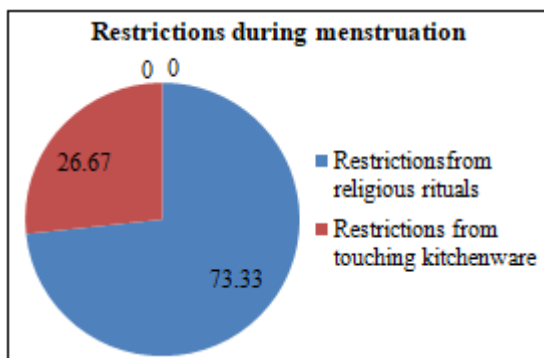
**Table 4:** Distribution of respondents on the basis of disposal of menstrual absorbent

Disposal of menstrual absorbent	No. of Respondents	Percentage
Ground	85	70.83
Dustbin	35	29.17
<b>Total</b>	<b>120</b>	<b>100</b>



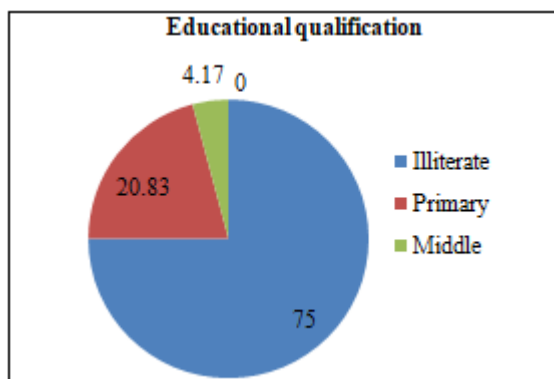
**Table 5:** Distribution of respondents on the basis of kind of restrictions practised during menstruation

Kind of restrictions practised during menstruation	No. of Respondents	Percentage
Restrictions from performing religious rituals	88	73.33
Restrictions from touching kitchenware	32	26.67
<b>Total</b>	<b>120</b>	<b>100</b>



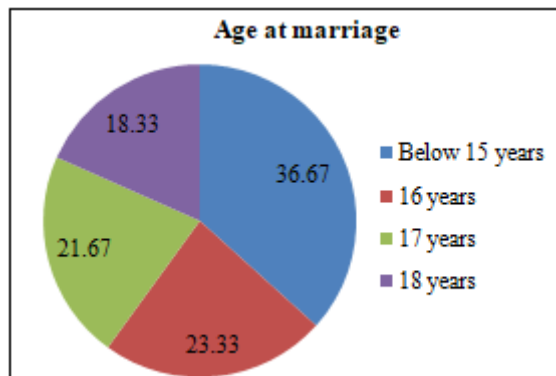
**Table 6:** Distribution of respondents on the basis of their educational qualification

Educational qualification	No. of Respondents	Percentage
Illiterate	90	75
Primary	25	20.83
Middle	05	4.17
<b>Total</b>	<b>120</b>	<b>100</b>



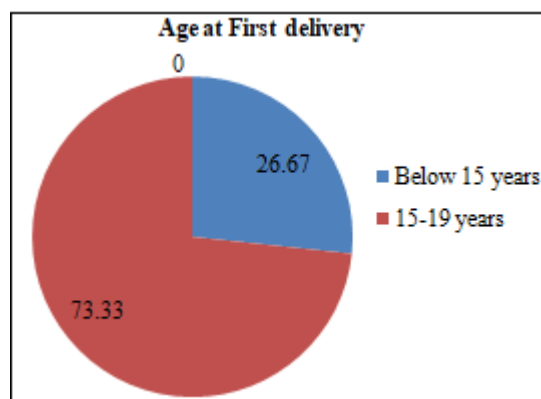
**Table 7:** Distribution of respondents on the basis of their age at marriage

Age at marriage	No. of Respondents	Percentage
Below 15 years	44	36.67
16	28	23.33
17	26	21.67
18	22	18.33
<b>Total</b>	<b>120</b>	<b>100</b>



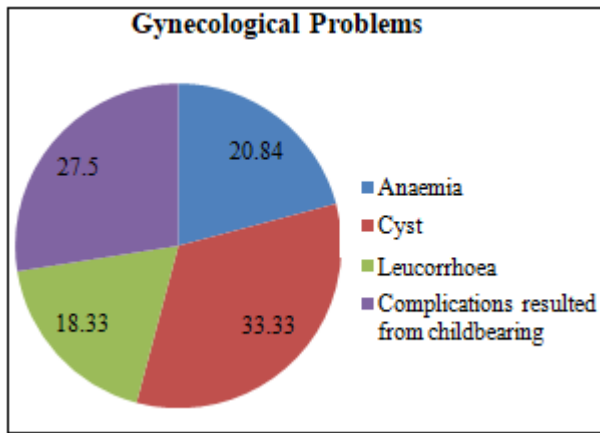
**Table 8:** Distribution of respondents on the basis of their age at first delivery

Age at first delivery	No. of Respondents	Percentage
Below 15 years	32	26.67
15-19 years	88	73.33
<b>Total</b>	<b>120</b>	<b>100</b>



**Table 9:** Distribution of respondents on the basis of their gynecological problems

Gynecological Problems	No. of Respondents	Percentage
Anaemia	25	20.84
Cyst	40	33.33
Leucorrhoea	22	18.33
Complications resulted from Childbearing	33	27.5
<b>Total</b>	<b>120</b>	<b>100</b>



#### 4. Discussion

The majority of girls in India lack awareness about menstruation before menarche. Their first experience of menstruation is often associated with shame, fear, and agony. Several regional studies have also indicated that menstruating girls are not aware of the biological reasons associated with menstruation, and in fact perceived menstruation to be a “disease.” Many girls and her influencers follow cultural practices and perpetuate taboos that restrict girls’ mobility and activity during menstruation. While these practices vary across regions and families, common discriminatory practices include: restrictions on living and eating with and/or cooking for the family, restrictions on visiting the temple, and using flowing sources of water such as rivers and streams. Mothers and grandmothers are particularly influential in perpetuating these taboos across generations. (FSG, 2016)

The hygiene related practices of women during menstruation are of considerable importance, as they affect their health by increasing their vulnerability to infections, especially reproductive tract infections. The type of absorbent material which is used is of primary concern, since reuse of the material could be a cause for infection if it is improperly cleaned and poorly stored. (Thakre, et. al. 2011).

The social stigma attached to menstruation causes many girls and women to carry out dangerous hygiene practices. Lacking a platform to share menstrual hygiene problems, girls and women often suffer from discomfort and infection, avoiding urination during menstruation, and using any kind of cloth available old (or) unwashed, but still girls are not visiting medical practitioners. Menstruation is a landmark feature of female puberty and signals reproductive maturity. Anxiety, fear, confusion, and even depression are frequently reported experiences of menarche. (Maniar, Mehta, 2017)

In a study of 120 late adolescent’s domestic workers, 70.83 per cent of respondents used old cloth or rags to manage their menstruation, 23.33 per cent respondents used sanitary pads and only 5.83 per cent respondents used cottons discussed in the above tables. This study revealed that most of the domestic workers used old clothes as menstrual pads and they reused the clothes after washing them with soap and water. They discarded the clothes by burning them or throwing them with the routine waste after using it for a few months. Very few respondents used sanitary pads which

were available in the market; possibly due to their low socioeconomic status and lack of awareness. The probable reason for the girls not changing the pads could be ignorance and lack of facilities. The practice of using old clothes was found to be common among girls in the present group.

The present study revealed that the low level of education among the respondents was responsible for the lack of awareness among them regarding various contraceptives and birth control technologies as well as their inability to make decisions about the number and spacing of children. Lack of education is a stumbling block to the domestic workers in attaining a higher standard of life.

The above tables depicted the fact that getting married and delivering the child at the very early age also resulted in more number of children among them. Some even reported of miscarriages as they were very young to carry their first pregnancy. Since majority of the respondents’ source of income was derived from the day and night work, therefore, vast majority of the respondents did not earn enough to meet the expenses of the household, so the majority of the respondents were even working during their pregnancy period because of the financial stress of the household. Repeated and rapid pregnancies and lactation perpetuate it. The physiological stresses of pregnancy and lactation, apart from menstruation, are important causes of negative iron balance among these domestic workers.

Reproductive morbidities were prevalent in the adolescent domestic workers. It was observed from the above table that these women suffer from anaemia, cyst and leucorrhoea. Many women even reported of complications resulted from early childbearing. The reasons for not attending antenatal and postnatal care include the lack of time, lack of money, lack of means of transport, as each prenatal visit is an important opportunity to teach women how to recognize the warning signs of pregnancy complications and also when and how to seek emergency obstetric care. It was also observed that women are not allowed to make independent decisions to access healthcare among these domestic workers.

#### 5. Conclusion

The knowledge regarding the various aspects of menstruation is poor. Mothers and elder sisters are playing important part in the hygienic practices during menstruation among the adolescents. Majority of adolescent females still follow the practice of usage of cloth as an absorbent for menstrual blood. They are unaware of proper disposal techniques of sanitary pad or other material used as absorbent which may promote various communicable diseases among themselves as well as in the community. Stringent efforts are required to promote the menstrual hygiene practices among females and much more efforts are needed to curb the misbeliefs and taboos among the adolescents. Women face various barriers in visiting a health centre to seek maternal and reproductive health care. This include cost of care, access to clinics, cultural factors, quality of care, and a lack of health awareness and use of any type of family planning. So empowering women and stimulating her education would produce greater results in better reproductive status.

## 6. Future Scope

Menstrual practices among the adolescent groups have been little researched and menstrual hygiene continues to be amongst the most challenging issues today. Menstruation is an issue of personal and societal concern, and that beliefs and practices related to it are especially powerful in reflecting and reinforcing the cultural construction of gender. In several cultures, various restrictions are imposed on women and girls during their menstruation period, thus resulting in poor personal hygiene and unsafe sanitary conditions leading to gynaecological problems. This work would be an addition to the dearth of material on the marginalized sections of the society. Health services for women are of great significance. Poor health has repercussions not only for women but also for their infants and other members of the family. The suggestions and the recommendations of the study would be beneficial for the development of the adolescent group as a whole.

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